

FEC FORM 1	STATEMENT OF ORGANIZATION			RECEIVE * AM 8: 12		
NAME OF COMMITTEE (in full) (Check if is change		mple:If typing, type r the lines.	12FE4M5	FEC MAIL	
Student Voic	e Project					
ADDRESS (number and st	P.O. Box	2897				
(Check if address is changed)	Pasco			WA	99302	
		CITY		STATE	ZIP CODE	
COMMITTEE'S E-MAIL A (Check if addition is changed) COMMITTEE'S WEB PAGE	ress	o@svppa				
(Check if addition is changed) 2. DATE 07		ig				
3. FEC IDENTIFICATE	ON NUMBER	c 0052	4090			
4. IS THIS STATEMEN	T NEW (N)	OR 🔀	AMENDED (A)			
I certify that I have examine the control of the co	nined this Statement and to easurer Jared M	the best of my		is true, correct	and complete.	
Signature of Treasurer	Ju M	a		Date 07	06 20	012
NOTE: Submission of false	, erroneous, or incomplete in	-	oject the person signing to		the penalties of 2 U.S	S.C. §437g.
Office Use Only			For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM (Revised 02/200	